PTO/SB/17 (12-04)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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FEE TRANSMITTAL
For FY 2005

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

Complete if Known	
Application Number	10/014,290
Filing Date	December 10, 2001
First Named Inventor	Kyoung I. MIN
Examiner Name	2871
Art Unit	J. DiGrazio
Attorney Docket No.	404302000800

[X] Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT ($) 225.00

METHOD OF PAYMENT (check all that apply)

[ ] Check   [ ] Credit Card   [ ] Money Order   [ ] None   [ ] Other (please identify): _____

[X] Deposit Account   Deposit Account Number: 03-1952   Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

[X] Charge fee(s) indicated below   [ ] Charge fee(s) indicated below, **except for the filing fee**

[X] Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17   [X] Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES Fee ($)	Small Entity Fee ($)	SEARCH FEES Fee ($)	Small Entity Fee ($)	EXAMINATION FEES Fee ($)	Small Entity Fee ($)	Fees Paid ($)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee ($)	Small Entity Fee ($)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee ($)	Fee Paid ($)	Multiple Dependent Claims	
14 - 14 =	0	x 25.00 =	0.00	Fee ($)	Fee Paid ($)

Indep. Claims	Extra Claims	Fee ($)	Fee Paid ($)
3 - 3 =	0	x 100.00 =	0.00

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is $250 ($125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee ($)	Fee Paid ($)
_____ - 100 =	_____ /50	_____ (round up to a whole number) x	_____ =	_____

4. OTHER FEE(S)

	Fees Paid ($)
Non-English Specification, $130 fee (no small entity discount)	
Other: 2252 Extension of time within second month	225.00
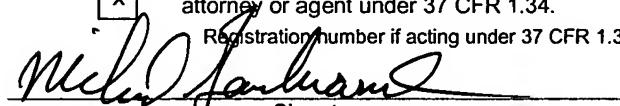
SUBMITTED BY			
Signature	*[signature]*	Registration No. (Attorney/Agent) 51,230	Telephone (650) 813-5856
Name (Print/Type)	Michael S. Garrabrants	Date	February 10, 2005
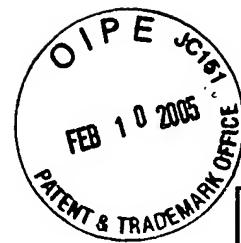
PTO/SB/22 (12-04)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)	Docket Number (Optional) 404302000800

Application Number	10/014,290	Filed	December 10, 2001

For LIQUID CRYSTAL DISPLAY AND FINGERPRINT CAPTURE PANEL

Art Unit	2871	Examiner	J. DiGrazio

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

		Fee	Small Entity Fee	
☐	One month (37 CFR 1.17(a)(1))	$120	$60	$
☒	Two months (37 CFR 1.17(a)(2))	$450	$225	$ 225.00
☐	Three months (37 CFR 1.17(a)(3))	$1020	$510	$
☐	Four months (37 CFR 1.17(a)(4))	$1590	$795	$
☐	Five months (37 CFR 1.17(a)(5))	$2160	$1080	$

☒ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number   03-1952   ~~I have enclosed a duplicate copy of this sheet.~~ Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.

I am the
☐ applicant/inventor.
☐ assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
☐ attorney or agent of record. Registration Number _____
☒ attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34   51,230

signature
Signature

February 10 2005
Date

Michael S. Garrabrants
Typed or printed name

(650) 813-5856
Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of _____1_____ forms are submitted.

02/16/2005 AWONDAF1 00000085 031952   10014290
01 FC:2252   225.00 DA

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